



U.S. Department
of Veterans Affairs

Whole Health Mentor Training

VETERANS HEALTH ADMINISTRATION
OFFICE OF PATIENT CENTERED CARE & CULTURAL TRANSFORMATION



Prepared Under Contract to the VHA
by Pacific Institute for Research & Evaluation

March 1, 2020

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AGENDA - WHOLE HEALTH MENTOR TRAINING

Day 1 Times			Module	Topic / Title
7:30 AM	-	8:00 AM		Participant Registration and Sign In
8:10 AM	-	8:30 AM		Welcome and Overview of the Course
8:30 AM	-	8:50 AM	1	Mindful Awareness / Mindful Awareness of Breath Practice
8:50 AM	-	9:30 AM		Participant Introductions
9:30 AM	-	9:45 AM		Break
9:45 AM	-	10:05 AM		Group Guidelines
10:05 AM	-	10:35 AM	2	Tasks of the Whole Health Mentor
10:35 AM	-	11:00 AM	3	Effective Mentoring Experiences
11:00 AM	-	11:30 AM	4	Review of the Whole Health System and Pathway
11:30 AM	-	12:00 PM	5	Proposed Timeframes for Mentoring Onsite
12:00 PM	-	1:00 PM		Lunch
1:00 PM	-	2:00 PM	6	Ensuring Fidelity Strategies
2:00 PM	-	2:15 PM		Break
2:15 PM	-	3:05 PM	7	Ongoing Skills Development Strategies
3:05 PM	-	3:45 PM		Demo of Mentoring Process
3:45 PM	-	4:00 PM		Pulse Checks and Adjourn
Day 2 - Times			Module	Topic / Title
7:30 AM	-	8:00 AM		Participant Registration and Sign In
8:00 AM	-	8:30 AM		Overview of the Day and Mindful Awareness
8:30 AM	-	9:15 AM	8	Mentoring Whole Health Coaches/Common Challenges

9:15 AM	-	9:30 AM		Break
9:30 AM	-	10:00 AM		Review of Mentoring Forms, and Set-up for Practice
10:00 AM	-	11:45 AM		WH Coach Mentoring Practice (1 st Practice)
11:45 AM	-	12:00 PM		Debrief First Mentoring Practice
12:00 PM	-	1:00 PM		Lunch
1:00 PM	-	1:40 PM	9	Mentoring TCMLH Facilitators/Common Challenges
1:40 PM	-	2:15 PM		Review of Mentoring Forms; Mentoring Facilitators Demo
2:15 PM	-	2:30 PM		Break
2:30 PM	-	3:45 PM		TCMLH Facilitator Mentoring Practice (2 nd Practice)
3:45 PM	-	4:00 PM		Pulse Checks and Adjourn
Day 3 - Times			Module	Topic / Title
7:30 AM	-	8:00 AM		Participant Registration and Sign In
8:00 AM	-	8:30AM		Overview of the Day and Mindful Awareness
8:30 AM	-	9:15 AM	10	Mentoring Partners/Common Challenges
9:15 AM	-	9:30 AM		Break
9:30 AM	-	11:00 AM		3 rd Mentoring Practice
11:00 AM	-	11:30 AM	11	Mentor and Supervisor Roles Discussion/Ethics
11:30 AM	-	12:15 PM	12	Planning for Mentoring Implementation
12:15 PM	-	12:45 PM		Q&A, Parking Lot
12:45 PM	-	1:00 PM		Closing and Adjourn

LIST OF ABBREVIATIONS USED IN THIS MANUAL

Community of Practice Calls = COP

Office of Patient Centered Care & Cultural Transformation =
OPCC&CT

Taking Charge of My Life and Health = TCMLH

TCMLH / Whole Health Facilitator = Facilitator

Veterans Administration = VA

Whole Health = WH

Whole Health Coach = Coach

Whole Health Coach Training = WHC

Whole Health Mentor = Mentor

Whole Health Partner = Partner

Whole Health Pathway = Pathway

COURSE OBJECTIVES

By the end of the course, participants will be able to:

1. Describe and implement effective strategies for ensuring fidelity of services offered.
2. Identify effective strategies for ongoing skill development, equipping and empowering Whole Health Pathway staff.
3. Explain the Whole Health System with emphasis on the Pathway.
4. Plan strategies for regular forums for staff to include updates, ongoing skill building, team development and opportunities to discuss successes/challenges.
5. Create an overall plan for mentoring/leadership services at their respective location.
6. Outline the mentor role in relation to other supervisory chains.
7. Establish a community of mentors across the VA Centers.

WELCOME FROM DR. TRACY GAUDET

Thank you for your commitment to Whole Health. As VA re-envisioning what health care is and how we deliver it, the true drivers of this transformation are the Whole Health Peers. We are grateful you have chosen to be part of this movement. Your role as a Whole Health Mentor (Mentor) provides essential support to ensure the peers are successful in partnering with their Veterans. Through your collaboration and feedback, we will continue to empower and equip Veterans to take charge of their health and well-being.

Thank you for commitment to this important undertaking. We look forward to partnering with you on this exciting journey.

INTRODUCTION

This manual is designed to supplement the Whole Health Mentor Training providing worksheets for use in the training, tools to be used in mentoring non-clinical Pathway staff, and information to support the work at the site. There are also numerous pages in the manual to take notes.

MENTOR OVERVIEW

This training is designed to empower and equip Mentors to support and enhance the services provided by the Pathway including Coaches, Facilitators and Partners.

Mentors play a critical role in advancing Whole Health (WH), by ensuring fidelity and quality of WH services provided to Veterans. To ensure fidelity, Mentors will benefit by being knowledgeable about:

- services provided via the Pathway, and the unique skills and challenges required for successful delivery.
- opportunities for ongoing skill training and mentoring to staff providing Pathway services.
- strategies to ensure fidelity through effective feedback with ongoing observations of staff.
- the role of the Mentor in relationship to other supervisorial chains.
- approaches for networking with Mentors from other locations as well as designated Office of Patient Centered Care & Cultural Transformation (OPCC&CT) staff.

MODULE 1: MINDFUL AWARENESS

There will likely be many opportunities for mindful awareness when in the role of Mentor. At the start of a mentoring session, consider a mindful moment for benefit of both the Mentor and the Coach, Facilitator or Partner. The following information is included as a reminder / refresher.



THE NINE ATTITUDES OF MINDFULNESS

(Full Catastrophe Living by Jon Kabat-Zinn)

- **Beginner's Mind**—*Being curious and not thinking that you already know something.* Asking questions and being excited about how your mind works, asking questions like: Who is seeing? Who is thinking?
- **Non-judging**—*A gentle state of non-judgment,* being kind to yourself, and allowing what is. Trying not to compare, label, or find fault.
- **Patience**—*Let things happen as they need to and in their own time.* Letting go of the idea that you have to “get somewhere, do something, or make something happen.”
- **Non-striving**—*Mindful awareness is about being, not doing,* if it feels like you're working too hard you probably are. It's a way of being, being awake to what's happening in your life rather than what is happening in your mind.

- **Acceptance**—*Seeing things as they are.* It is what it is. Try to be with things as they are. Let go of the stories the mind creates and accept the present moment for what it is.
- **Letting go**—*Not having a set agenda for what “should” happen.* Being open to all possibilities and outcomes.
- **Trust**—*As awareness grows, so does trust in one’s emotions; be yourself in every way.* Have faith in how you move through the world. Trust yourself and what you know.
- **Gratitude**—*To bring gratitude to the present moment.* We are alive, the body is working, I am breathing in and out, my organs are working; all these things to be grateful for.
- **Generosity**—*The sense of how powerful it is when you give yourself over to life.* When you give to other people, what would make them happy, not for yourself, but because it gives joy to others and enhances interconnected. You are giving attention, time and thought to others outside of yourself.

MINDFUL AWARENESS TIPS/TECHNIQUES

When observing mentees, look for set up comments before they begin a mindful awareness moment including asking permission to offer a mindful moment.

INCLUDE SET-UP COMMENTS SUCH AS

- “I’d like to offer a mindful awareness moment. Would that be ok with you?”
- “This may not be for everyone”
- “Close your eyes if you like, or leave them open”
- “Disregard my voice at any time”
- “Stop anytime you are experiencing any discomfort”
- “Remember this is about ‘paying attention on purpose and not necessarily about relaxation.’”

WHAT MINDFUL AWARENESS IS NOT...

- It is not meditation
- It is not about having a clear mind
- It is not about relaxation

MODULE 2: TASKS OF THE WH MENTOR

What does ‘Fidelity’ mean? *‘to be faithful to. . .’, or ‘to be true to. . .’*

FIDELITY TO THE WH CRITERIA

1. Inclusion of all four WH Process Stages.
2. Practice of skills that support autonomy and respects the inner wisdom of the Veteran:
 - a. Being fully present.
 - b. Listening - Holding Space for reflections and disclosures.
 - c. Reflections and Inquiry.
3. Honors and supports the Veteran’s MAP, focus for change and strategies to enact the change.
4. Provides health enhancement options for a PHP that include both CIH and Conventional approaches.

To Ensure Fidelity of Whole Health by:

- Engaging regularly with Pathway personnel.
 - Direct Observations
 - Regular Meetings
 - Being available for immediate support
- Participating in own self-development opportunities.
 - Community of Practice Calls (COP)
 - Other means of support
- Supporting Pathway personnel in skill development.
- Others – to be discussed throughout the training.

UTILIZING LOCAL RESOURCES AND SKILLS DEVELOPMENT NETWORKING

Exploring resources that will strengthen the support Mentors provide to the non-clinical staff is an important aspect of the role. There are also numerous resources to support the Mentors themselves in the role.

LOCAL RESOURCES:

OTHER RESOURCES:

MODULE 3: EFFECTIVE MENTORING EXPERIENCES

Who was an effective mentor in my life and why?

When have I been an effective mentor and why?

When was mentoring not effective?

What did you learn from it?

MODULE 4: REVIEW OF THE WHOLE HEALTH SYSTEM AND PATHWAY

The ***Whole Health Partnership***, was developed by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in collaboration with the Veteran Experience Committee (VEC) and endorsed by the National Leadership Council (NLC). ***In sum, the Whole Health Partnership is a systematic approach to provide whole health care early in the relationship between VA and the Veteran, emphasizing self-care in the larger context of well-being, and incorporating a full range of conventional and complementary and integrative health approaches.*** The Whole Health Partnership would move VA from focusing on episodic care to a more continuous engagement with the Veteran throughout his/her life. Additionally, the Whole Health Partnership model is the current vision for complementary and integrative health (CIH) integration in VA. The healthcare crisis in the United States has led to a call for transformation to a proactive model of care; VA has the opportunity to become the national leader in Whole Health care delivery and the Whole Health Partnership model is a roadmap to this paradigm shift.

The Whole Health System



Whole Health Pathway: VA will partner with Veterans at the point of enrollment and create an overarching personal health plan that integrates care both in the VA and the community.

Wellbeing Centers: The core offering of CIH services, envisioned to be offered through Health and Wellbeing Centers, will be easily accessible to Veterans throughout the nation either within the VA setting or in the community. Not diagnosis or disease based.

Clinical Care: Whole Health Clinical care will be provided in outpatient and inpatient settings which are attentive to healing environments and healing relationships and integrate holistic approaches into their treatment plans.

PATHWAY

The Pathway component of the Whole Health System (WHS) empowers Veterans to explore what really matters to them through mindful self-exploration of their mission, aspiration or purpose (MAP) and to set personal goals that allow them to be actively engaged in optimizing their health and well-being.

The Pathway is not necessarily a specific physical location, but rather a set of various Whole Health group programs and supportive services provided by trained and qualified individuals that are designed to help the Veterans begin and maintain their journey to well-being.

ROLE OF WH COACHES

Whole Health Coaches empower and equip the Veteran to make changes that are motivating and personally meaningful, by linking lifestyle behaviors to personal values and sense of purpose. The Whole Health Coach's primary role is NOT that of a content expert or educator who diagnoses, advises, or instructs the Veteran on what to do. Instead, Whole Health Coaches support Veterans to realize their own goals based on their lives' mission, aspiration, and purpose (MAP). Whole Health Coaches are trained to help Veterans access intrinsic motivation, thereby aligning lifestyle changes with what matters most to the Veteran. Veterans may bring the coach information and recommendations from their treatment providers or other clinicians, then work with the coach to decide which ones to enact. Most importantly, Whole Health Coaches help Veterans self-discover strategies to make changes they can sustain given changing circumstances, environments, and resources. Whole Health Coaches may be embedded within a clinical care team, work with health and well-being programs, or be seen on a consultative basis.

ROLE OF TCMLH FACILITATORS

TCMLH Facilitators are Non-clinical Veteran staff, WH Partners, Peer Support Specialists, and registered Veteran volunteers. Their primary tasks include facilitating TCMLH groups, engaging with participants, introducing participants to WH concepts, and providing a WH experience

ROLE OF WH PARTNERS

Partners are, ideally, Veteran employees meeting the qualifications in the Whole Health Partner Position Description. Their primary tasks are to recruit Veterans to Whole Health, offer Whole Health resources, provide ongoing support, engage Veterans briefly one-on-one regarding their PHP and assist with getting requested support services, provide Introduction to WH and TCMLH peer group programs if trained and conduct outreach to VSO's and other local Veteran support services

TELEWHOLEHEALTH ROLES

VA Video Connect enables Veterans to meet with their VA healthcare providers, in a virtual medical room, using encrypted video to ensure the session is secure and private. VVC allows Veterans to see and talk to their health care team from anywhere. These are some ways Telehealth is being used in the WH Pathway / System. As a mentor, you might also use Telehealth in your observations / collaborations. Some sites are using telehealth for:

- TeleWholeHealth Facilitated Groups

- TeleWholeHealth Coaching

- TeleWholeHealth Partner Sessions

- Intro to Whole Health via Telehealth

MODULE 5: PROPOSED TIMEFRAMES FOR MENTORING ONSITE

The following guidelines are offered to assist Mentors (and Supervisors) in determining how much time a Mentor might devote to providing mentoring for Whole Health Pathway (Pathway) personnel, including Whole Health Coaches (Coaches), Whole Health Facilitators (Facilitators) and Whole Health Partners (Partners).

Some tasks, such as regular monthly meetings, will be similar across locations. Other tasks will vary significantly depending on how many Pathway staff are being mentored and their respective skill level.

Recognizing that each location will be unique, these are some guidelines to consider:

MENTOR TASK (MONTHLY)

PROJECTED HOURS

Monthly Staff Meeting	2 hours
Preparation for Meeting	3 hours
Community of Practice calls	3 hours (mentor call/other COP calls)
Interact with other Mentors	2 hours

INDIVIDUAL MENTORING (PER PERSON)

Direct or audio/video observations	3 hours
Develop Improvement Plan	.5 hours (1.5 hours per quarter)
Available to discuss challenges	1.5 hours

To further clarify, if a Mentor is mentoring three Coaches, two Facilitators and one Partner, that would be a total of six individuals. Using the data above, the Mentor could expect to spend the following time per month:

10 hours (regular monthly mentor tasks)

36 hours (6 persons X 6 hours of individual mentoring per month)

46 Hours Total per month

MODULE 6: ENSURING FIDELITY STRATEGIES

The intent of ‘ensuring fidelity’ is to maximize the opportunity Veterans have to:

1. Explore their Mission, Aspiration and Purpose (MAP).
2. Empower them to take control of their life and health.
3. Equip them with the knowledge and support they need to carry out their goals and action steps in support of their MAP.

Although there may be other beneficial approaches to enhancing Veterans’ lives, the Whole Health Model is designed to support the above, and the mentor role is designed to ensure the Whole Health experience (empowering and equipping) is maximized.

Fidelity Strategies include:

Direct observations (collaborations)

Recorded sessions

Team discussions and training

Sharing successes/challenges

Modeling

Fidelity to WH Criteria

Being clear on Curriculum Compliance

Mentoring forms to assist with Fidelity

Peer Reviews

Sharing additional ideas and strategies

MODULE 7: ONGOING SKILL DEVELOPMENT STRATEGIES

Practice the skills learned in WHC and TCMLH Trainings through modeling, skill drills, etc.

Holding space (<https://www.youtube.com/watch?v=wEfrj4tqgtU>) by doing reflections and inquiry

Listening without giving advice

Listening without judgements

Make skill development a part of monthly meetings

Take advantage of other trainings at your location

Make skill development the focus of observations

Encourage participation in COP calls

Utilize *Tips and Techniques for Facilitators*

Others???

FORMAT FOR SHARING ONE’S STORY

Elicit – Provide - Elicit Model

The Elicit – Provide – Elicit model (EPE) is used in WHC and TCMLH as well as TEACH. It is sometimes referred to as Ask – Tell – Ask. Peer Support Specialists often share their stories with Veterans and if they are in a coaching or group facilitator role, the model they are asked to follow is the EPE.

- Ask if the Veteran is interested in hearing your experience that may or may not be helpful.
- Assuming the Veteran says “Yes”, briefly share your story that you think relates or may be helpful.
- Ask the Veteran what they are taking from your story, or what may have been helpful.

CONSIDERATIONS WHEN USING EPE

Generally speaking, telling one’s story is not a highly utilized skill in WH coaching or group facilitation. However, there may be times when it can be very helpful.

- Use mindful awareness to consider:
 - The purpose of sharing your story.
 - How open the Veteran may be to hearing your story.
 - The length and timing of your story.
 - The impact your story may have had.
 - Is it in service to the Veteran?

PERSONALIZING YOUR COLLABORATION

Drawing from and reflecting on personal knowledge with mentors may enhance the experience you have with the mentee. The questions below are suggestions that might be used as you meet and begin to develop a relationship with the mentee.

What are you looking for in a Mentor?

How do you want your feedback?

On what would you like to receive feedback?

Other thoughts and ideas?

MODULE 8: MENTORING WH COACHES/COMMON CHALLENGES

While there might be many challenges a Coach, Facilitator or Partner will face, focusing on too many at one time might become overwhelming for the recipient. Listed below are the top challenges for each role. It doesn't mean that other areas are excluded when mentoring, but what follows may provide a starting place.

Challenges for coaches include:

1. Limited use of reflections in relationship to questions
2. Interrupting and redirecting during a coaching session when needed
3. Advice giving/being directive
4. Overuse of personal disclosures
5. Managing difficult group dynamics
6. Clarity in presenting information, asking questions (elicit-provide-elicit)
7. Overuse of expressions such as “thank you”, “that’s good” (any judgments)
8. Openness to receiving feedback
9. How to give feedback (specific, constructive, etc.)
10. How and when to refer (how to even stop a coaching session when needed for safety)

WHOLE HEALTH MENTOR- MODEL FOR FEEDBACK

These are SAMPLE questions. You do not need to ask them all but try 1 or 2 per category. Experiment with language that feels appropriate for you.

SETTING UP

- Establish a confidential, safe space with the mentee
- Personalize the collaboration
 - ** If this is not the initial session, check-in on what was discussed previously
 - “Last time you were going to work on _____. How has it been going?”
 - Other questions
 - “How can I best support you?”
 - “What’s been going well for you?”
 - “What specifically would you like feedback on?”

During the observed session:

- Mentee introduces the mentor and acknowledges they will only be observing
- Mentor takes detailed notes with specific phrases used by the mentee

FEEDBACK

- Ask the mentee to self-assess
 - What went well
 - “What do you feel went well?”
 - “What skills / qualities did you demonstrate?”
 - Opportunities and enhancements
 - “What might you do differently?”
 - “What could be done even better?”
- Mentor provides feedback
 - Use specific examples of what you noticed and heard
 - “When you said (or did) _____, I noticed _____”
 - When offering an enhancement
 - Offer a **specific** suggestion on how to do it differently
 - Or ask the mentee, “How might you do this differently?”

CLOSING

- Mentoring take-aways and feedback
 - “What are you taking away from this feedback?”
 - “What was most helpful from this mentoring?”
- Next steps, moving forward
 - “What do you want to work on before next time?”
 - “How can I best support you moving forward?”

COACHING OBSERVATION/COLLABORATION FORM

Coach Observed _____ Date _____ Collaborator _____

Health Coaching Process Model		Overall Comments (Did well, Could have done even better!)
Stage I	Stage III	
Stage II	Stage IV	

Coaching Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (<i>Did well, Could Have Done Even Better!</i>)
Being Present			
Listening			
Inquiry, Open, Closed			
Simple/Complex Reflections			
Respectfully provided information (utilizes EPE)			
Effectively direct the WH Process			
Pacing of Session /Effective Use of time			
Addressed all phases of stage			
Met the goal of the session			
Open to feedback			
Gives constructive and specific feedback to peers			
Respectful and limited use of own story			
Enthusiastic about Whole Health			
Avoided unsolicited advice			

MODULE 9: MENTORING TCMLH FACILITATORS/COMMON CHALLENGES

1. Limited use of reflections in relationship to questions
2. Balance of presenting information and experiential activities
3. Advice giving
4. Overuse of personal disclosures
5. Managing difficult group dynamics
6. Clarity in presenting information, asking questions
7. Overuse of expressions such as “thank you”, “that’s good” (any judgment)
8. Openness to Feedback
9. Referrals, or lack of
10. Curriculum adherence
11. Leading Mindfulness (quality and frequency)

WHOLE HEALTH MENTOR- MODEL FOR FEEDBACK

These are SAMPLE questions. You do not need to ask them all but try 1 or 2 per category. Experiment with language that feels appropriate for you.

SETTING UP

- Establish a confidential, safe space with the mentee
- Personalize the collaboration
 - ** If this is not the initial session, check-in on what was discussed previously
 - “Last time you were going to work on _____. How has it been going?”
 - Other questions
 - “How can I best support you?”
 - “What’s been going well for you?”
 - “What specifically would you like feedback on?”

During the observed session:

- Mentee introduces the mentor and acknowledges they will only be observing
- Mentor takes detailed notes with specific phrases used by the mentee

FEEDBACK

- Ask the mentee to self-assess
 - What went well
 - “What do you feel went well?”
 - “What skills / qualities did you demonstrate?”
 - Opportunities and enhancements
 - “What might you do differently?”
 - “What could be done even better?”
- Mentor provides feedback
 - Use specific examples of what you noticed and heard
 - “When you said (or did) _____, I noticed _____”
 - When offering an enhancement
 - Offer a **specific** suggestion on how to do it differently
 - Or ask the mentee, “How might you do this differently?”

CLOSING

- Mentoring take-aways and feedback
 - “What are you taking away from this feedback?”
 - “What was most helpful from this mentoring?”
- Next steps, moving forward
 - “What do you want to work on before next time?”
 - “How can I best support you moving forward?”

TCMLH FACILITATOR OBSERVATION/COLLABORATION FORM

Facilitator Observed _____ Date _____ Collaborator _____

Module(s) Observed	Comments (Did well, Could have done even better!)

Facilitation Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (<i>Did well, Could Have Done Even Better!</i>)
Being Present, Listening			
Adherence to Curriculum			
Inquiry, Open, Closed			
Simple/Complex Reflections			
Respectfully provided information			
Effectively led group process			
Pacing of Session			
Effective balance of Information/ experiential			
Met the goal of the session			
Open to Feedback			
Respectful, limited use of disclosures			
Dealt with Difficult Dynamics			
Enthusiastic about WH			
Avoided unsolicited advice			

MODULE 10: MENTORING PARTNERS/COMMON CHALLENGES

1. Limits of the Partner role
2. Learning when and how to refer.
3. Recruiting strategies
4. Describing Whole Health in an ‘Elevator Talk’
5. Learning more about WH offerings at the location
6. Other staff don’t know about Partner role
7. Getting Veterans to understand the value of WH to their lives.
8. Collateral duty
9. Supervisor may not be enthused about WH
10. Supervisor may think this is a not a primary responsibility for the person.

PARTNER OBSERVATION/COLLABORATION FORM

Partner Observed _____ Date _____ Collaborator _____

Sessions Observed	Comments (Did well, Could have done even better!)

Partner Tasks and Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (Did well, Could Have Done Even Better!)
Listened to Veterans			
Knowledge of available WH services			
Effectively recruited Veterans			
Clear and concise 'Elevator Talk'			
Effectively led 2-Hr WH Introduction			
Appropriate Boundaries with Veterans			
Follow-up with Veterans			
Documented Veteran Contacts			
Effective Introduction of PHI			
Open to Feedback			
Respectful, limited use of self-disclosures			
Enthusiastic about WH			
Avoided unsolicited advice			

MODULE 11: MENTOR AND SUPERVISOR ROLES DISCUSSION/ETHICS

MENTOR CONSIDERATIONS WHEN YOU ARE ALSO THE SUPERVISOR

MENTOR CONSIDERATIONS WHEN SOMEONE ELSE IS THE PERSON'S SUPERVISOR.

MODULE 12: PLANNING FOR MENTORING IMPLEMENTATION

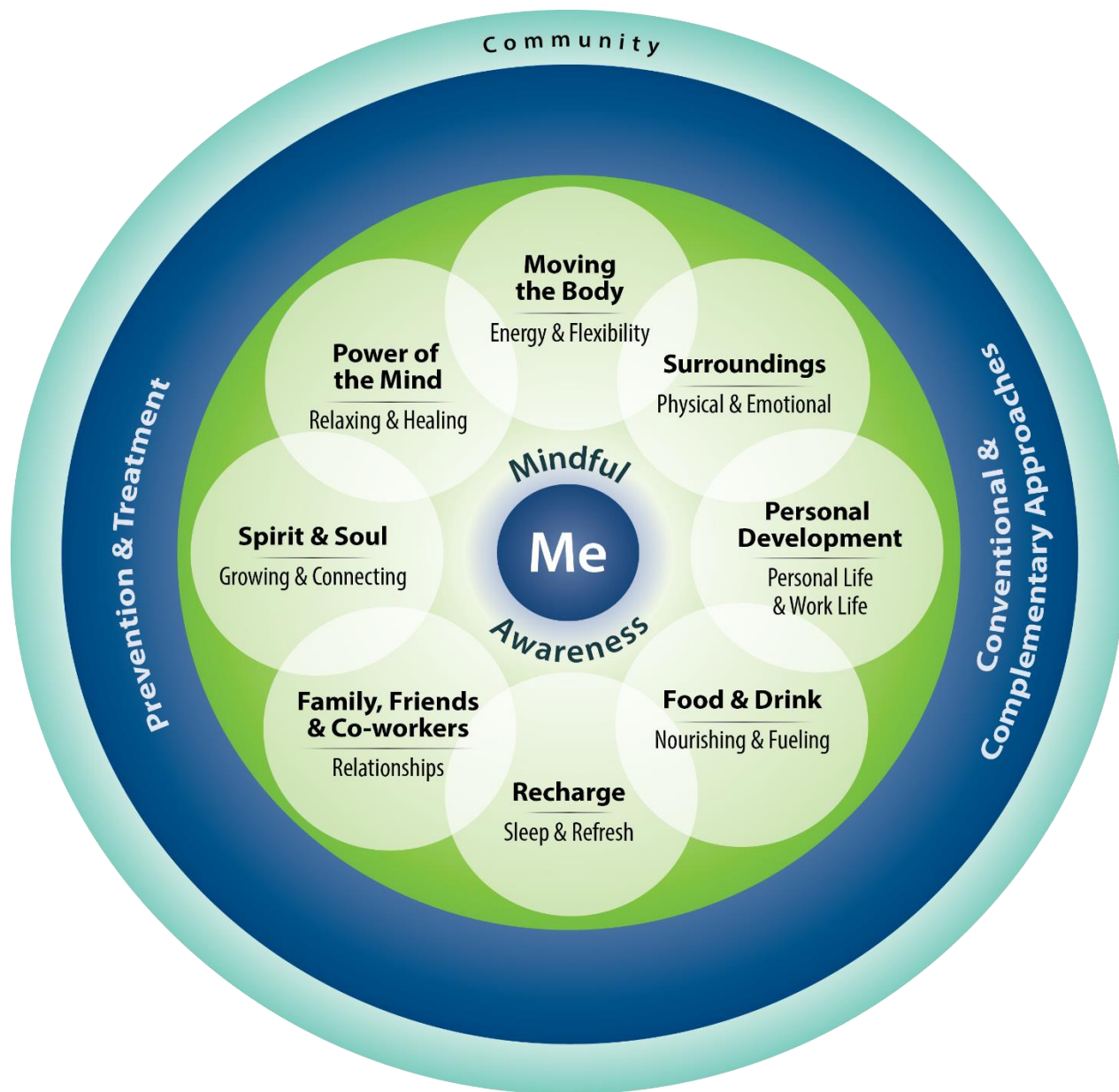
When a Coach, Facilitator, or Partner learns they will be mentored, they may be uncertain about what to expect. The Mentor should carefully plan the long-term mentoring process to alleviate these concerns, maintain a positive learning environment, focus on long-term growth, and allow the Coach, Facilitator, or Partner to thrive during the mentoring process.

Elements to Consider	Short-Term (1 st 60 Days)	Mid-Range (2-6 Months)	Long-Range (1-2 years from now)
1. Setting up Mentoring Program Administratively			
2. Implement Fidelity Strategies			
3. Implement Skill Development Strategies			

4. Establish Monthly Meetings and Agenda for Meetings			
5. Enhance my own Mentoring Skills			
6. Other			

APPENDIX

COMPONENTS OF PROACTIVE HEALTH AND WELL-BEING (CIRCLE OF HEALTH)



WHOLE HEALTH PROCESS WHEEL



WHOLE HEALTH MENTOR – MODEL FOR FEEDBACK

These are SAMPLE questions. You do not need to ask them all, but try 1 or 2 per category. Experiment with language that feels appropriate for you.

SETTING UP

- Establish a confidential, safe space with the mentee
- Personalize the collaboration
 - **** If this is not the initial session, check-in on what was discussed previously**
 - “Last time you were going to work on _____. How has it been going?”
 - Other questions
 - “How can I best support you?”
 - “What’s been going well for you?”
 - “What specifically would you like feedback on?”

During the observed session:

- Mentee introduces the mentor and acknowledges they will only be observing
- Mentor takes detailed notes with specific phrases used by the mentee

FEEDBACK

- Ask the mentee to self-assess
 - What went well
 - “What do you feel went well?”
 - “What skills / qualities did you demonstrate?”
 - Opportunities and enhancements
 - “What might you do differently?”
 - “What could be done even better?”
- Mentor provides feedback
 - Use specific examples of what you noticed and heard
 - “When you said (or did) _____, I noticed _____”
 - When offering an enhancement
 - Offer a **specific** suggestion on how to do it differently
 - Or ask the mentee, “How might you do this differently?”

CLOSING

- Mentoring take-aways and feedback
 - “What are you taking away from this feedback?”
 - “What was most helpful from this mentoring?”
- Next steps, moving forward
 - “What do you want to work on before next time?”
 - “How can I best support you moving forward?”

COACHING OBSERVATION/COLLABORATION FORM

Coach Observed _____ Date _____ Collaborator _____

Health Coaching Process Model		Overall Comments (Did well, Could have done even better!)
Stage I	Stage III	
Stage II	Stage IV	

Coaching Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (<i>Did well, Could Have Done Even Better!</i>)
Being Present			
Listening			
Inquiry, Open, Closed			
Simple/Complex Reflections			
Respectfully provided information (utilizes EPE)			
Effectively direct the WH Process			
Pacing of Session /Effective Use of time			
Addressed all phases of stage			
Met the goal of the session			
Open to feedback			
Gives constructive and specific feedback to peers			
Respectful and limited use of own story			
Enthusiastic about Whole Health			
Avoided unsolicited advice			

FACILITATOR OBSERVATION/COLLABORATION FORM

Facilitator Observed _____ Date _____ Collaborator _____

Module(s) Observed	Comments (Did well, Could have done even better!)

Facilitation Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (<i>Did well, Could Have Done Even Better!</i>)
Being Present, Listening			
Adherence to Curriculum			
Inquiry, Open, Closed			
Simple/Complex Reflections			
Respectfully provided information			
Effectively led group process			
Pacing of Session			
Effective balance of Information / experiential			
Met the goal of the session			
Open to Feedback			
Respectful, limited use of disclosures			
Dealt with Difficult Dynamics			
Enthusiastic about WH			
Avoided unsolicited advice			

PARTNER OBSERVATION/COLLABORATION FORM

Partner Observed _____ Date _____ Collaborator _____

Sessions Observed	Comments (Did well, Could have done even better!)

Partner Tasks and Skills	Observed	Not Observed	Specific Comments and Examples of Skills Used (Did well, Could Have Done Even Better!)
Listened to Veterans			
Knowledge of available WH services			
Effectively recruited Veterans			
Clear and concise 'Elevator Talk'			
Effectively led 2-Hr WH Introduction			
Appropriate Boundaries with Veterans			
Follow-up with Veterans			
Documented Veteran Contacts			
Effective Introduction of PHI			
Open to Feedback			
Respectful, limited use of self-disclosures			
Enthusiastic about WH			
Avoided unsolicited advice			

RECEIVED FEEDBACK – WH MENTOR TRAINING

Received Feedback Notes – Tracking received feedback – Strengths and Opportunities – can be useful and instrumental in assessing development, progress, and overall improvement.

Strengths	Opportunities

COACHING QUESTIONS – STAGE 1 – EXPLORING MAP / VALUES

OPENING

When you were filling out the questions on the first page of the PHI, what was that experience like for you?

VALUES

- What REALLY matters to you in your life?
- What is important to you about ____? What else?
- What brings you joy and happiness?
- What is your mission/aspiration/purpose (MAP) in life?
- What were your dreams/aspirations when you were younger? What are they *now*?
- What do those dreams/aspirations tell you about what's important to you now?

VISION & STRENGTHS

- What do you want and need your health *for*?
- When you think of the 3 scaling questions on the PHI (physical well-being, mental/emotional well-being, how it is to live your life day-to-day) what stands out for you?

(**Coach listens for and reflects values, and values conflicts)

- If you were to make *no* changes, and keep living your life as you are today, what would your life look like 3-5 years from now?
- Now imagine yourself when you are living according to what matters most—thriving in your happiest, fullest, most joyful life. What will that look like 3-5 years from now?

(**Coach listens for and reflects values, and values conflicts)

- What are your personal strengths?
- How do they support you in your health and well-being?
- How might they help you make changes?

CLOSING / SUMMARY

What are you taking away from our conversation?

COACHING QUESTIONS – STAGE 2 – ASSESS AND FOCUS

OPENING

You completed the rest of the PHI, exploring where you are and where you'd like to be in areas of self-care. What was that experience like for you?

AREAS WITH A HIGHER NUMBER

- What's an area you gave yourself a higher number?
- What does [that area] mean to you?
- What number did you give yourself?
- What does a [#] mean for you? (***Coach reflects what this number looks and feels like*)

CONNECT TO STRENGTHS/VALUES/VISION

- What is helping you to be successful in [this area]? (***Listen for strengths, resources, social support*)
- What is important about [this area] in your life?
- How does [this area] contribute to your ideal future?
- What's another area you gave yourself a higher number? (***Revisit all questions above, starting with "What does [that area] mean to you?"*)

AREAS WITH A LOWER NUMBER

- What's an area you gave yourself a lower number?
 - What does [that area] mean to you?
 - What number did you give yourself?
 - What does a [#] mean for you? (***Coach reflects what this # looks and feels like*)
- Where would you like to be in this area?
 - What will be possible when you are a [#]?
 - What will that [#] look like? What will it feel like?
 - (***Coach reflects the gap between current number and where the client would like to be*)
- What's another area you gave yourself a lower number? (***Revisit questions above*)

CHOOSING A FOCUS

- Of all these areas you've mentioned, or ones we haven't talked about, what is an area you're ready to begin making changes in?
- How important is it to make a change in this area, on a scale of 1 to 10, with 1 being “not at all important” and 10 being “the most important thing for me right now”?
 - What does a [#] mean for you?
 - ***If importance is less than 7:*
 - What makes it a [#] and not a [lower #]?
 - What would it take to make it a [higher #]? (***Coach listens for competing values*)

CLOSING

- How are you feeling now about your area of focus? (***Listen for confidence, emotion, ambivalence, etc.*)
- What are you taking away from our conversation?

COACHING QUESTIONS – STAGE 3 – PLANNING FOR ACTION (GOALS)

OPENING

- What is your focus area?
- How does this area reflect what's really important to you?

LONG-TERM GOAL

- What timeframe would you like to choose for a long-term goal? (***Generally, 3-6 months*)
- Where would you like to be __ months from now with this area?
- What would you like to be *doing* __ months from now? (***Coach ensures a behavioral vs. an outcome goal*)
 - Specific, Measurable, Action-oriented, Realistic, Time-bound

CONNECT TO VISION

- When you are [meeting your goal], how will your life be different?

ACTION STEP

- What action step could you take in the next week to get you started on reaching your goal?
 - **Specific, Measurable, Action-oriented, Realistic, Time-bound**

STRENGTHS / SUCCESSES

- What personal strengths may help you achieve this action step?
- What have you learned from previous successes in this area, or another, that may help you now?

BARRIERS / CHALLENGES

- What barriers/challenges might you encounter as you attempt your action step?
- What might be a contingency plan (backup plan)? What else?

SUPPORT / ACCOUNTABILITY

- What will most support you in accomplishing this action step? (e.g., resources, social support)
- How else do you want to be accountable?

- How will you know you're making progress? (***Coach reflects ideas for tracking, measuring*)

CONFIDENCE

- How confident are you about accomplishing this action step, on a scale of 1 to 10, with 1 being “not at all confident” and 10 being “completely confident”?
 - What makes it a #?
 - ***If confidence is less than 7:*
 - What would make your confidence a [*higher #*]?

CLOSING

- In your own words, what is your next step?
- What are you taking away from our conversation?

COACHING QUESTIONS – STAGE 4 – ASSESS AND REASSESS

LESSONS LEARNED

- When you think about your last action step, what went well?
- What did not go according to plan?
- What did you learn, including what did you learn *about yourself*?

FOCUS

- Where would you like to go from here?

****Coach listens for whether continuing to build on current plan, modifying or changing goals/action steps, and/or shifting area of focus**

IF SAME AREA OF FOCUS

- Explore (reconnect to MAP, assess importance, etc.)
- Continue to ACTION below

IF DIFFERENT AREA OF FOCUS

- What does [this area] mean for you?
- What is important to you about [this area]?
- Connect with Vision / Values / MAP
- Scale 1-10 importance
- What is your long-term goal in this area?
- Apply SMART
- Continue to ACTION below

ACTION (FOR EXAMPLES OF QUESTIONS, SEE STAGE 3)

- Assess/reassess long-term goal and action steps (apply SMART)
- Strengths that could be applied / Previous successes
- Barriers / Challenges
- Support / Resources / Accountability

Coach listens for:

- Any success (including things they did that they did not say they would)
- Breakthroughs
- Challenges or surprises
- Strengths applied
- New skills acquired
- Recurring themes
- Competing values (values conflicts)

Coach uses relevant skills:

- Listening
- Reflections and acknowledgements
- Powerful questions
- Reframing / Challenging limiting beliefs
- Brainstorming
- Elicit-Provide-Elicit

- Confidence (scale 1-10)

CLOSING

- In your own words, what is your next step?
- What are you taking away from our conversation?

Notes:

Notes

Daily Feedback Form (Mentor Training)

Site: _____ Date: _____ Tues/Wed (circle one)

1. What did we do well?

2. What could be done better?

(tear here) - - - - -

Daily Feedback Form (Mentor Training)

Site: _____ Date: _____ Tues/Wed (circle one)

1. What did we do well?

2. What could be done better?